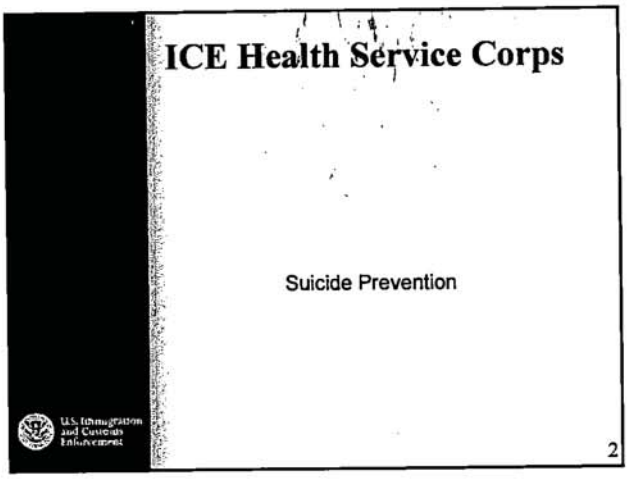

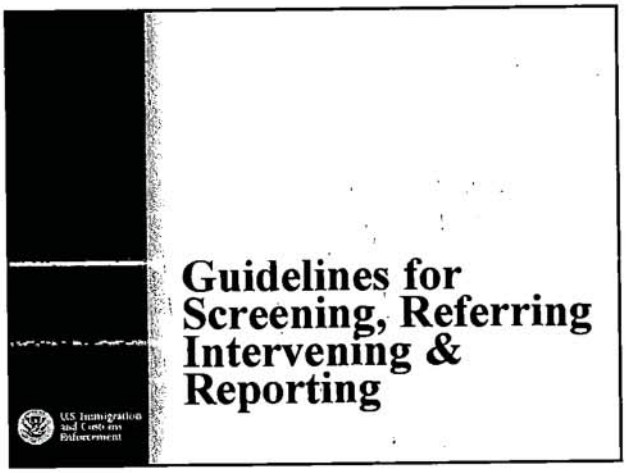

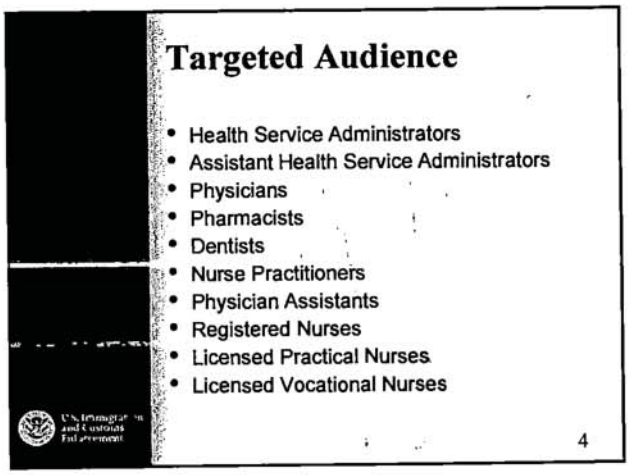

Purpose

The ICE Health Service Corps (IHSC) provides guidelines for the management of potentially suicidal individuals. While suicides cannot be totally eliminated, IHSC is responsible for monitoring the health and welfare of detained individuals and for ensuring that procedures are pursued to help preserve life.

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Performance-Based National Detention Standards 2011

4.6 Significant Self-harm and Suicide Prevention and Intervention

- Each detention facility shall have a written suicide prevention and intervention program that shall be reviewed and approved by the clinical medical authority (CMA), approved and signed by the health services administrator (HSA) and facility administrator, and reviewed annually.

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Performance-Based National Detention Standards 2011 (continued)

- At a minimum, the program shall include procedures to address suicidal detainees. Key components of this program must include the following:

Staff Training	Communication
Identification	Intervention
Referral	Notification & Reporting
Evaluation	Debriefing
Treatment	
Housing	
Monitoring	

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Objectives

1. Understand general information about suicide and its applicability to a correctional setting.
2. Recognize risk factors or situations that increase the risk for a potential suicide and document accordingly.
3. Recall guiding principles in suicide prevention when interacting with detained individuals.
4. Understand roles of each discipline and entity in suicide prevention and when on suicide watch.
5. Act to prevent suicides with appropriate sensitivity, supervision, and referral.

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Suicide Prevention

- General Information on Suicide
- Risk Factors for Suicide
- Jail / Prison Suicide Research
- Guiding Principles in Suicide Prevention
- Process of suicide watch
- Responsibilities of medical staff

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Suicide: General Information

- 13th leading cause of death
- 3rd leading cause of death individuals age 15-24
- 4th leading cause individuals 25-44
- Approximately 32,000 – 33,000 completed suicides in USA each year: 32,439 (2004)
- 250,000 – 600,000 nonfatal attempts/year
- Each suicide leaves behind average of 6 survivors
- 85% of all completed suicides -> on the 1st or 2nd attempt!
- Accounts for 49.1% of all violence related deaths.

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Suicide Facts

- Women attempt suicide more often, Men use more lethal means (63% of time men use guns, 39% for women)
- For every successful suicide 8 -25 attempts
- *Hopelessness* is most strongly related to suicidal intent for those who attempt suicide and those who constantly think about suicide
- 24% of population have considered suicide at some point in life

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Suicide Facts (II)

- White men/women account for 90% of suicides
- 70% of people who commit suicide are successful on the first attempt
- Depression is the most common mental disorder for those who commit suicide
- Suicide rates have not decreased with introduction of antidepressants

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Ten Commonalities of Suicide

1. The common purpose of suicide is to seek a solution.
2. The common goal of is cessation of consciousness.
3. The common stimulus in suicide is intolerable pain.
4. The common stressor is frustrated psychological needs.
5. The common emotion is hopelessness – helplessness.
6. The common cognitive state is ambivalence.
7. The common perceptual state is constriction.
8. The common action is egression.
9. The common interpersonal act is communication of intention.
10. The common consistency is with poor lifelong coping patterns

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Prediction of Suicide

- Individual Suicides are difficult to predict, however, specific risk factors assist in predicting what individuals are at higher risk.
- And the risk factors are . . . .

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Risk Factors for Suicide

1. History of Psychiatric Disorder (85%) 4.75%-5% of psychiatric patients will commit suicide, 3X the national average

   A. Depression (clinical) is a factor in 35-75% of all suicide attempts; 70-90% of all successful suicides.

   B. Schizophrenia: Approximately 10% of schizophrenics will commit suicide. The subgroup of schizophrenics who experience command hallucinations are at extremely high risk for suicide.

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Risk Factors for Suicide (II)

C. **Personality Disorders** (10%) Lifetime prevalence of suicide attempt in PD's is:
   - -Antisocial P.D. – (11 – 72%)
   - -Borderline P.D. – (75 – 92%)
   - -Other P.D.'s – Histrionic

2. History of previous suicide attempts
3. History of substance abuse: in one study 1 of 5 were intoxicated at time of suicide

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Risk Factors (III)

4. Family history of suicide
5. History of head injury
6. Hopelessness
7. Major life losses & social isolation
8. Lethality of plan (Means + Access + Intent)
9. Impulsivity, Anger, & Aggression
10. Legal Difficulties, Marital Status, Age, Race, Gender

Jail Suicide Research

- #2 Cause of death in U.S. Jails
- 600 – 700 jail suicides each year.
- Suicide rate is 54/100,000 or 3 times the national average for men (18/100,000)
- 51% of suicides occur within first 24 hours, 29% within first 3 hours
- 60% are intoxicated
- 2 out of 3 victims are in isolation at the time of suicide
- 94% of suicides are by hanging
- A Major Depressive Disorder is the key factor in most jail suicides

Large Urban Jails

- Most victims are arrested for violent offense
- Most kill themselves between 1 and 4 months of incarceration
- Intoxication is normally not a factor
- Majority of suicides in Special Housing Units (Protective Custody, Disciplinary or Administrative Segregation)

Prison Suicide Research

- #3 leading cause of death
- Majority of suicides are at FDC's, USP's, and FMC's in BOP
- In BOP most suicides occur in segregation, after 72 hours or 60-90 days, usually due to detained individual-related conflict.
- Schizophrenia is the major mental illness precipitating suicide in prison.
- segregation is primary site of suicides in prison

Guiding Principles in Suicide Prevention

1. The assessment of suicide risk should not be viewed as a single event, but as an on-going process.
2. Intake screening should be viewed as similar to taking a temperature – it can identify a current fever, but not a future cold.
3. Prior risk of suicide is strongly related to future risk
4. Do not rely exclusively on the direct statements of an individual denying suicidal ideation, when their behavior, actions, and/or history suggests otherwise.

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Guiding Principles (Continued)

5. Many preventable suicides result from poor communication amongst corrections, medical, and mental health staff.
6. Do not assume that detained individuals who appear manipulative are not suicidal.
7. A disproportionate number of detained individual suicides occur in segregation.
8. A lack of detained individuals on suicide watch should not be interpreted to mean that there are currently no suicidal detained individuals in the facility.

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The Suicide Prevention Program of IHSC

- The process of screening, identifying and referring a suicidal detained individual
- The suicide risk assessment and who may conduct it
- The process of placing a detained individual on suicide watch
- Location of suicide watch
- Responsibilities of various medical staff

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Suicide Prevention begins with Screening & Identifying

- All detained individuals will receive an initial mental health screening which will include an assessment of suicide risk.
- This initial mental health screening will occur during intake (within 12 hours of arrival) and the results are documented.
- If no risk of suicide or other mental health concerns the detained individual will be placed in general population.
- Detained individuals threatening suicide, at any time and referred from any source, are considered priority and will require immediate attention.

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Referral (During Normal Working Hours)

- During normal working hours any nurse, mid-level provider, or physician may refer a detained individual exhibiting behavior suggesting suicide potential for further evaluation.
- During normal working hours and ordinarily, suicide risk assessment will be conducted by the psychologist or social worker (Behavioral Health Provider (BHP)

Referral (Non Routine Working Hours)

- After regularly scheduled clinic hours, a nurse may initiate a suicide watch for a detained individual deemed to be at risk for suicide. After placing the detained individual on suicide watch the nurse will contact the on-call provider (MLP and BHP).
- Unless otherwise indicated (need for emergency treatment) the on-call provider will concur and maintain the detained individual on suicide watch pending a face-to-face suicide risk assessment. The MLP will call the CD and HSA.

Suicide Risk Assessment During Non-Routine Hours

Once a suicide watch has been initiated, a face-to-face suicide risk assessment will be conducted at the earliest available time, usually the next business day. A watch may be not be terminated, under any circumstance, without the BHP evaluation.

Assessment/ Intervention

Detained individuals may engage in suicide gestures, threats, attempts, and other self-injurious behavior for a variety of reasons that may necessitate a variety of clinical interventions other than placing an individual on suicide watch.

Assessment

As noted earlier, detainees/residents who are identified as being "at risk" for significant self-harm or suicide shall immediately be referred to the BHP. The BHP must conduct the suicide risk assessment within 24 hours of notification.

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Intervention for detained individual with High Risk of Suicide

1. Once staff determine a detained individual is potentially suicidal, the individual will immediately be removed from general population
2. Medical staff will instruct custody staff to place the individual in a secure environment and maintain direct visual observation to ensure safety. The setting must minimize any opportunities for self harm.
3. A Suicide Risk Assessment will be conducted by the BHP and the results documented.

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Suicide Watch

1. If it is determined that a detained individual is to be placed on suicide watch this will be documented in the electronic health record with a note justifying the placement.
2. Detainees on suicide precautions will be placed in the clinic (designated room). If the designated 'suicide precautions' room is unavailable, a cell in segregation may be utilized.

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Location of Suicide Watch (If suicide watch is warranted)

3. Security staff will inspect the area (clinic room or segregation) to ensure that there are no objects that pose a threat to the detained individual's safety prior to their placement in the observation area.
4. The detained individual will not be allowed to take personal property into the observation area.
5. The detained individual's clothes, including underwear, will be removed and he or she will be issued a suicide smock or jumpsuit (for females). A blanket may be provided as needed. Under no circumstances shall the detained individual be held without clothing

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Suicide Watch (Continued)

6. All items will be inventoried upon entry and exit from the observation area
7. The detained individual will not leave the observation area for any reason
8. The detained individual will be placed in the observation area and a 24-hour visual observation will be initiated. This is a continuous1:1 visual observation.
9. Security staff will serve the detained individual meals on paper plates with only a plastic spoon or finger foods.

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Suicide Watch (Continued)

7. Nurses document, at minimum, every 8 hours on patients placed on suicide watch.
8. Daily mental health assessments by a qualified clinician will be conducted

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Suicide Watch (continued)

- Deprivations and restrictions placed on suicidal detainees need to be kept at a minimum. Suicidal detainees may be discouraged from expressing their intentions if the consequences of reporting those intentions are unpleasant or understood to result in punitive treatment or punishment. Placing suicidal detainees in conditions of confinement that are worse than those experienced by the general population detainees can result in the detainee not discussing his or her suicidal intention and falsely showing an appearance of getting well fast.

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Who May Place a detained individual on Suicide Watch?

- Anyone can place on observation for safety until an order is received, BUT
- Only a BHP or physician may place a detainee on suicide watch

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Documentation

- Once a detained individual is placed on suicide watch or referred for potential suicide risk, a suicide risk assessment will be conducted and documented placed in the detained individual's medical record.
- Detention officers will document observations of the detained individual at staggered intervals not to exceed 15 minutes (e.g. 5, 10, 7) on IHSC Form 835 or CCA form 13-69A.

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Documentation

- All patients on suicide watch, regardless of the housing location, will be evaluated daily by the BHP or a physician. On weekends, holidays, or the absence of the BHP, the Clinical Director or designee (physician or NP/PA) will conduct the evaluation and document the status of the detained individual.
- It will not be customary to remove detained individuals from a suicide watch on a weekend.

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Discontinuation of Suicide Watch

- Only the BHP or CD/physician may discontinue a suicide watch!
- Suicide watch discontinuation will be justified in a clinical note in the medical record and will include the time suicide watch was discontinued and any follow-up plan for treatment.
- Notify all appropriate staff.

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Follow-Up

- No later than 1 week after release from suicide watch a detained individual will be scheduled for a follow-up appointment with the BHP, CD, or CD's designee.
- Thereafter the detained individual will be seen on a monthly basis for two consecutive months for follow-up.

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Communication

Consistent communication shall be maintained between medical, mental health and the correctional staff, to include:

- Intake forms
- Daily briefings
- Shift change briefings
- Medical progress notes
- Special needs forms
- Medical/psychiatric alerts
- Transfer summaries

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Notification and Reporting

- In the event of suicide of attempt, all appropriate ICE and IHSC officials shall be notified through the chain of command.
- In the event that a detainee/resident dies as a result of a suicide, the Notification and Reporting of Detainee Deaths Directive shall be followed.
- In both cases, medical shall complete an Incident Report form (IHSC-010 or equivalent) within 24 hours, and all staff who came into contact with the detainee before the attempted suicide shall submit a statement including their knowledge of the detainee/resident and the incident

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Remember!

- Document ALL of your actions!!

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